MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 09771112 APPLICANT(S) FILING DATE

_]	AS FILED		1st AME	TER NDMENT	AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3			Ţ			
4	\top		Ι .		I	
5		1				
6	-					
7						
8			Ţ			
9	\Box					
10						<u> </u>
11]				
12						
13						
14					1	
15						ļ
16						
17						
18						
19						
20					1	
21					<u> </u>	
22					<u> </u>	<u> </u>
23					<u> </u>	
24					1	<u> </u>
25			.l		1	
26						
27	·					
28]	
29						_
30						
31			<u> </u>			
32						
33	T					
34						
35						
36						<u> </u>
37						_
38						
39						
40						
41						
42		<u> </u>				
43			_			
44			`		⊣ —	_
45						
46					_	
47						
48						
49					_	
50						
TOTAL	ک -			」 ↓		
TOTAL DEP.		 _	<u> </u>	 _		_
DFP	14	318	1		E)	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52		t			†	
53						
54			 			
55		 	l —		<u> </u>	
56						
57				1	 	
58						
59		T				
60						
61		1			I	
62						
63						
64						
65						
66						
67						
68						1
69						
70			1			1
71	<u> </u>					
72		<u></u>	<u> </u>			
73		<u> </u>	<u> </u>	<u> </u>	ļ	
74			<u> </u>			
75				<u> </u>		
76]			
77						
78]		,			<u> </u>
79				_		
80	1				<u> </u>	
81	<u> </u>		_		<u> </u>	
82						
83			_			
84			_			
85	<u> </u>		<u> </u>	ļ		
86						_
87	<u> </u>				-	
88						
· 89		_	ļ	 		
90	-	<u> </u>	<u> </u>		-	
91					-	
92						-
93	+		-	-		
94						
95	-					
96		-		-		
97						
98						
99	 					
100	+-					
TOTAL				┚	L	
TOTAL DEP.	-	_		-		
YOYA	-	353	25	Elife.	16	1888 A
LATHIM	<u>~ L </u>	1 1 00 50	-10	PERMIT		

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS